

# EMERGENCY VEHICLE LICENSE PLATES VEHICLE REGISTRATION APPLICATION

**Purpose:** Businesses or organizations use this form to apply for vehicle registration and plates for an Emergency Medical Services (EMS) vehicle or other emergency vehicle.

**Note:** You must obtain a Virginia vehicle safety inspection sticker and pay any required local vehicle registration fees to your city or county. For the city of Virginia Beach only, DMV collects local vehicle registration fees.

**Instructions:** Mail this completed form with a check or money order (made payable to DMV) to the Titling Work Center at the above address, or present this completed form to any DMV Customer Service Center (CSC) or DMV Select. To avoid delays in processing, complete BOTH sides of the form.

REGISTRATION/PLATE INFORMATION		DMV USE ONLY PLATE CODE
<input type="checkbox"/>	1. Volunteer firefighting truck, trailer, semitrailer, or emergency medical services vehicle. Vehicle may be co-owned by a local government agency. (Complete Section 1 on page 2, Volunteer EMS/Firefighting Vehicle Certification.)	EVS
<input type="checkbox"/>	2. EMS vehicle owned or under exclusive control of a commercial or privately owned emergency medical services agency, as defined in 32.1-111.1. (Complete Section 2 on page 2, Commercial or Privately Owned EMS Vehicle Certification.)	EVSF
Registration Type (check one) <input type="checkbox"/> Original <input type="checkbox"/> Renewal <input type="checkbox"/> Reissue <input type="checkbox"/> Transfer		
CHECK HERE IF THIS IS A FOR-HIRE VEHICLE <input type="checkbox"/>		

VEHICLE OWNER INFORMATION			
BUSINESS OR ORGANIZATION NAME	TELEPHONE NUMBER	DMV CUSTOMER NUMBER / FEIN / SSN	
CO-OWNER'S FULL LEGAL NAME	TELEPHONE NUMBER	DMV CUSTOMER NUMBER / FEIN / SSN	
<b>NOTE:</b> Owners (and Lessees if applicable) MUST provide their residence/home/business address where requested, this address can not be a P.O. Box. You must complete form ISD-01 if you would like your address(es) updated.			RESIDENCE/BUSINESS JURISDICTION
BUSINESS OR ORGANIZATION ADDRESS (Apt # if applicable)	CITY	STATE	ZIP CODE
CO-OWNER'S RESIDENCE/HOME/BUSINESS ADDRESS (Apt # if applicable)	CITY	STATE	ZIP CODE
EMS PERMIT NUMBER (optional)			

ADDITIONAL INFORMATION			
LOCATION WHERE VEHICLE IS PRINCIPALLY GARAGED		Are any of the owners/lessees on active military duty or service? <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> CITY <input type="checkbox"/> COUNTY <input type="checkbox"/> TOWN OF _____			
IF YOU WOULD LIKE YOUR REGISTRATION RENEWALS SENT TO AN ADDRESS OTHER THAN YOUR RESIDENCE/BUSINESS ADDRESS, ENTER IT BELOW.			
REGISTRATION MAILING ADDRESS - OPTIONAL	CITY	STATE	ZIP CODE

LEASE INFORMATION (if applicable)			
LESSEE'S FULL LEGAL NAME	TELEPHONE NUMBER	DMV CUSTOMER NUMBER / FEIN / SSN	
LESSEE'S RESIDENCE/BUSINESS ADDRESS	CITY	STATE	ZIP CODE

VEHICLE INFORMATION						
TITLE NUMBER		VEHICLE IDENTIFICATION NUMBER (VIN)		CURRENT PLATE NUMBER	EXPIRATION DATE (mm/dd/yyyy)	
YEAR	MAKE	MODEL	BODY TYPE		AXLES	FUEL
EMPTY WEIGHT	GROSS WEIGHT	GROSS VEHICLE WEIGHT RATING	GROSS COMBINATION WEIGHT RATING		VEHICLE COLOR	PRIMARY      SECONDARY

PRIVACY NOTICE
The information on this form, including Federal Employer Identification Number, is requested in accordance with Virginia Code §46.2-623. Any person who refuses to supply the required information will be denied a certificate of title and/or registration. Title and registration records may be disseminated in accordance with §§ 46.2-208 through 46.2-214, to business, law enforcement or authorized government entities.

**INSURANCE CERTIFICATION (check only one)**

Any person who, with fraudulent intent, makes a false statement on this application will be guilty of a Class 6 felony (Virginia Code § 46.2-605).

I certify:

This vehicle is insured with liability coverage by a company licensed to do business in Virginia. Coverage must be in effect at the time of application and must remain in effect as long as the vehicle is registered, even if the vehicle is not being driven or is inoperable.

NAME OF INSURANCE COMPANY

This vehicle is not insured; therefore, I am sending the uninsured motor vehicle (UMV) fee. (This fee provides no insurance coverage).

Failure to comply with Virginia's insurance requirements may result in suspension of your driver's license and vehicle registration.

**SECTION 1. VOLUNTEER EMS / FIREFIGHTING VEHICLE CERTIFICATION**

You must complete this section if you checked 1. Volunteer Firefighting Truck, etc., under "Registration/Plate Information" on the front of this form.

I hereby certify that this application is being made by or on behalf of a volunteer fire department or volunteer emergency medical services agency organized in accordance with Title 27 of the Virginia Code in a town, city or county of the Commonwealth with the approval of the governing body thereof and that the vehicle detailed above in the "VEHICLE INFORMATION" Section of this form is (i) a firefighting truck, trailer, or semitrailer on which firefighting apparatus is permanently attached, which is owned or under the exclusive control of a volunteer fire department; or (ii) an emergency medical services vehicle or other vehicle used exclusively as an emergency medical services vehicle, which is owned or used exclusively by a volunteer fire department or volunteer emergency medical services agency. If the vehicle is an emergency medical services vehicle or other vehicle used exclusively as an emergency medical services vehicle, I also certify that such vehicle is not rented, leased, or lent to any private individual, firm, or corporation and that no charge is made by my organization for its use.

I further certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.

APPLICANT NAME (print)	TITLE
APPLICANT SIGNATURE	DATE (mm/dd/yyyy)

**SECTION 2. COMMERCIAL OR PRIVATELY OWNED EMS VEHICLE CERTIFICATION**

You must complete this section if you checked 4. Commercial or Privately Owned EMS under "Vehicle Use Requirement" on the front of this form.

I hereby certify that the vehicle detailed above in the "VEHICLE INFORMATION" Section of this form is owned or under the exclusive control of a commercial or privately owned emergency medical services agency as defined in Virginia Code § 32.1-111.1. I also certify that such vehicle is not rented, leased, or lent to any private individual, firm, or corporation that is not another emergency medical services agency.

I further certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.

APPLICANT NAME (print)	TITLE
APPLICANT SIGNATURE	DATE (mm/dd/yyyy)

CSR STAMP